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** CONTINUING DATA *****

This application is a CON of 09/366,670 08/03/1999 ABN
 which is a CON of PCT/US98/03693 02/24/1998
 which claims benefit of 60/038,253 02/24/1997

** FOREIGN APPLICATIONS *****

Nom

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** 03/14/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>P. J.</i>	Initials <i>P.</i>		

ADDRESS

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TITLE

Recombinant pox virus for immunization against MUC1 tumor-associated antigen

☐ All Fees

FILING FEE RECEIVED 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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